Minneapolis Employment and Training INDIVIDUAL EMPLOYMENT PLAN (IEP)

The purpose of this form is to summarize information in the participant's file and is to be completed by the case manager.

Name:					
Employment/Career Goa	l:				
Summarize Prior Work Experience:					
Prior Education and or Training:					
Summarize any of the participant's skills, background, strengths, and life situation, which would support the goal listed above:					
Barriers to employment (summarize challenges such as housing, transportation, poor work history, family, health and/or personal issues):					
What is the "action plan" for overcoming the above listed barriers?					
Employment Outlook and Salary Projection: Based on Labor Market Information					
	be complete	d for program partic	cipants who are inte	rested/enrolling	in TRAINING.
Training START DATE:		ESTIMATED End Date	•	ACTUAL End Dat	
ESTIMATED Cost of Training: \$			FINAL Cost of Training	ng: \$	
Program Participant Completed Training:			Certi	ificate/Credential	Achieved:
YES □ NO □			YES □ NO □		
I have read the information I also understand that the service providers and staff	above inforr	mation may be share	ed with other Minne	eapolis Employm	• •
Participant's Signature		ay's Date	 Counselor's Signatu		 Today's Date